Patient Name: _____ Chart No: _____

Maryville ASC dba Tennessee Endoscopy Center

Medication Chart

Prescription Medications:

Name of Medication		Strength		mg, mcg, GM, unit	Number times a day (please circle)		Prescribing Physicians Name
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		
					1 2 3 4 5 6		

Over-the-Counter Medications, Herbal Remedies, Vitamins, etc.

Name of Product / Medication, etc.		Dosage and how often taken

Medication Allergies: _____

Print Name: _____ **Date:** _____

Signature: _____